THIS INSTRUMENT PREPARED WITHOUT TITLE SEARCH, FROM INFORMATION PROVIDED BY THE PARTIES by:

Robert H. Stratton
Attorney At Law
4811 Lebanon Road, Suite 209
Hermitage, Tennessee 37076
(615) 902-0311

GRANTEE: JOHN ANTHONY FUSCO, III

Map and Parcel No.
098 - 5 - 095.00
4 D 1 6 1 2 5

ADDRESS: **1900 Loughborough Court**
Thompson Station, Tennessee 37179

AFFIDAVIT OF INHERITANCE
REAL ESTATE

Davidson County AFFIDAVIT
Recvd: 02/06/03 10:54 5pgs
Fees:27.00 Taxes:0.00
20030206-0016471

STATE OF TENNESSEE)
) SS:
COUNTY OF DAVIDSON)

The undersigned, after first being duly cautioned and sworn, deposes and says:

JOHN ANTHONY FUSCO, Jr. , deceased, the owner of the following described real estate:

LAND in Davidson County, Tennessee, being Lot No. 219 on the plan of Revision of Lots 216 through 219, Section 7, Lake Park, of record in Book 5060, Page 22, Register's Office for said County.

SAID Lot No. 219 fronts 87.5 feet on the northerly margin of Bell Road and extends back 237.31 fee on the easterly line and 122.09 feet on the westerly line to a broken line in the rear, measuring 152.52 feet thereon.

BEING part of the property conveyed to Cornerstone Builders, Inc. by deed from B.G. Corporation of record in Book 5344, Page 942, Registers' Office for Davidson County, Tennessee.

BEING the same property conveyed to John Anthony Fusco, Jr. et ux Joan Sandlin Fusco by deed from Cornerstone Builders, Inc. of record in Book 5442, Page 473, Registers' Office for Davidson County, Tennessee.

This property is conveyed subject to any and all existing easements, restrictions, covenants and liens of record.

That no survey was made and that the description herein is the same description as in the prior deed of record. This Affidavit was prepared without benefit of a Title Examination and therefore the preparer makes no certification as to the validity of the title thereto.

This is improved property known as:	5068 Bell Road,	Hermitage,	Tennessee	37076
	Address	City	State	Zip

JOHN ANTHONY FUSCO, Jr. died on April 2nd, 2002. **JOHN ANTHONY FUSCO, Jr.** was widowed at the time of his death, his wife, Joan Meredith Sandlin Fusco, having

preceded him in death on November 13th 1994. Copies of the death certificate of both are attached hereto and incorporated herein as collective **Exhibit "A".**

The undersigned received the following described interest in the decedent's real estate, described above, all right title and interest of the decedent, **JOHN ANTHONY FUSCO, Jr.,** by operation of law and the provisions of decedent's Last Will and Testament. The undersigned is the only child and sole heir of the decedent.

The Tennessee Inheritance Tax clearance has been received being receipt number **440558096**, a copy of which is attached hereto and incorporated herein as **Exhibit "B".**

There are no known debts or encumbrances remaining which are or might become a lien on said interest in the above described real estate excepting the following:

Midland Mortgage
P.O. Box 26648
Oklahoma City, Oklahoma 73126-0648

BY: _____
JOHN ANTHONY FUSCO, III

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **JOHN ANTHONY FUSCO, III**, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person(s) described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that he/she/they executed the foregoing instrument for the purposes therein contained as his/her/their free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this the 5th day of February, 2003.

BY: _____
Notary Public

My Commission Expires:
5/25/2003

NOTARY PUBLIC AT LARGE
WILSON CO. TENN.

CERTIFICATE OF DEATH — 94 044212

Joan Mordich Fusco			Female	November 13, 1994	
408-64-0924	53		July 11, 1941	Nashville, Tenn.	
Centennial Medical Center		063	Nashville		Davidson
Married	John Fusco, Jr.		Paralegal Secretary	Law	
Tenn.	Davidson		Hermitage	314	5068 Bell Road
	37076		White	12	
C.L. Sandlig			Effie Cripps		
John Fusco, III	Son		5068 Bell Road, Hermitage, Tenn. 37076		
Burial			Woodlawn Cemetery	Nashville, Tenn.	
Nelson R. Short		3954	Jeff Croy		3644
Cole & Garrett, P.O. Bx 444, Goodlettsville, Tenn. 37070				718	
Patricia Sawy			November 21, 1994		
		MD20614	11/21/94		
Eric Raefsky, M.D., 250 25th Ave., North, Nashville, Tenn. 37203					

EXHIBIT

tabbies

A,

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

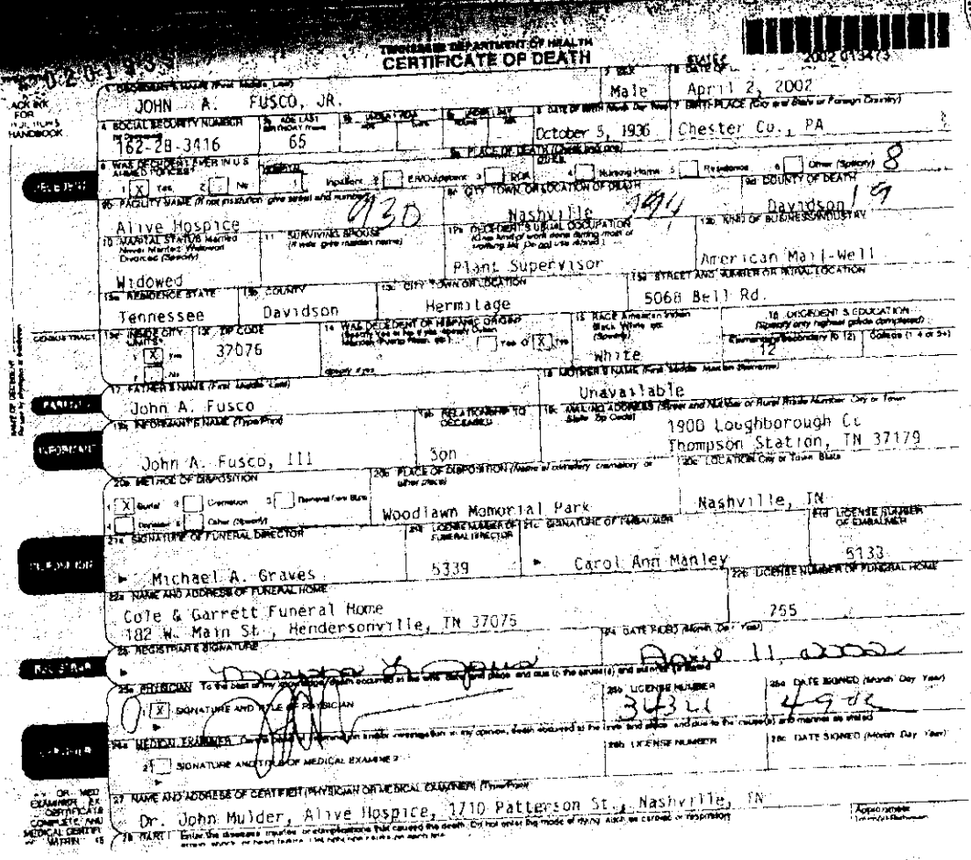
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Paula Taylor
Paula Taylor
State Registrar

May-21-2002
Date Issued

CERTIFICATION OF VITAL RECORD

4 B



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE 2002 013473

1. DECEDENT'S NAME (First, Middle, Last)	JOHN A. FUSCO, JR.
2. SEX	Male
3. DATE OF DEATH (Month, Day, Year)	April 2, 2002
4. SOCIAL SECURITY NUMBER	162-28-3416
5. AGE (Last Birthday)	65
6. DATE OF BIRTH (Month, Day, Year)	October 5, 1936
7. BIRTHPLACE (City or Town, State or Foreign Country)	Chester Co., PA
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?	1 [X] Yes 2 [ ] No
9. PLACE OF DEATH (Check only one)	8
9a. FACILITY NAME (If not institution, give street and number)	Alive Hospice 930
9b. CITY, TOWN OR LOCATION OF DEATH	Nashville 194
9c. COUNTY OF DEATH	Davidson 19
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced)	Widowed
11. SURVIVING SPOUSE (If wife, give maiden name)	
12a. DECEDENT'S USUAL OCCUPATION	Plant Supervisor
12b. KIND OF BUSINESS/INDUSTRY	American Mail-Well
13a. RESIDENCE STATE	Tennessee
13b. COUNTY	Davidson
13c. CITY, TOWN OR LOCATION	Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION	5068 Bell Rd.
13e. RESIDENCE CITY LIMITS?	1 [X] Yes 2 [ ] No
13f. ZIP CODE	37076
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)	1 [ ] Yes 2 [X] No
15. RACE (American Indian, Black, White, etc.) (Specify)	White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0 to 12)	12
16. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1 to 4 or 5+)	
17. FATHER'S NAME (First, Middle, Last)	John A. Fusco
18. MOTHER'S NAME (First, Middle, Maiden Name)	Unavailable
19. INFORMANT'S NAME (Type/Print)	John A. Fusco, III
19a. RELATIONSHIP TO DECEDENT	Son
19b. MAILING ADDRESS (Street and No. or Rural Route Number, City or Town, State, Zip Code)	1900 Loughborough Ct Thompson Station, TN 37179
20a. METHOD OF DISPOSITION	1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	Woodlawn Memorial Park
20c. LOCATION (City or Town, State)	Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR	▶ Michael A. Graves
21b. LICENSE NUMBER OF FUNERAL DIRECTOR	5339
21c. SIGNATURE OF EMBALMER	▶ Carol Ann Manley
21d. LICENSE NUMBER OF EMBALMER	5133
22a. NAME AND ADDRESS OF FUNERAL HOME	Cole & Garrett Funeral Home 182 W. Main St., Hendersonville, TN 37075
22b. LICENSE NUMBER OF FUNERAL HOME	255
23. REGISTRAR'S SIGNATURE	▶ [signature]
24. DATE FILED (Month, Day, Year)	April 11, 2002
25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN	▶ [signature]
25b. LICENSE NUMBER	34311
25c. DATE SIGNED (Month, Day, Year)	4-9-02
26a. MEDICAL EXAMINER - On the basis of examination, investigation and/or autopsy, in my opinion, death occurred at the time, date and place and due to the cause(s) and manner as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER	▶
26b. LICENSE NUMBER	
26c. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)	Dr. John Mulder, Alive Hospice, 1710 Patterson St., Nashville, TN
28. ITEMS: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying. Also, be certain to sign below.	Approximate Interval Between Onset and Death

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

May-21-2002

Paula Taylor
Paula Taylor
State Registrar

Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT
A2

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF JOHN A FUSCO
ATTN: ROBERT H STRATTON
4811 LEBANON PIKE STE 209
HERMITAGE TN 37076-1620

September 13, 2002

Account Type:	INHERIT TX
Account No.:	440558096
Date of Death:	April 2, 2002
County:	DAVIDSON
Social Security No.:	[redacted]-3416

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

As provided in Section 67-8-420, Tennessee Code Annotated, this receipt or certificate authorizes the court of the county in which such estate was administered to permit a final settlement or accounting by the estate representative.

The liability shown to be due and paid to the State of Tennessee is denoted below:

Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

EXHIBIT
B

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF JOHN A FUSCO
ATTN: ROBERT H STRATTON
4811 LEBANON PIKE STE 209
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Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

RV-N0019001